

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | BA       |        | 06-28-01 |
| O.I.P.E. CLASSIFIER       |          | 49     | 7/9/01   |
| FORMALITY REVIEW          | cy       | 1122   | 08/14/01 |
| RESPONSE FORMALITY REVIEW | cy       | 1019   | 11-08-01 |

INDEX OF CLAIMS

. . . . . Rejected  
 . . . . . Allowed  
 (Through numeral) . . . . . Canceled  
 + . . . . . Restricted  
 N . . . . . Non-elected  
 I . . . . . Interference  
 A . . . . . Appeal  
 O . . . . . Objected

BEST AVAILABLE COPY

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If more than 150 claims or 10 actions  
staple additional sheet here

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50 8/15  
 51 11-08-01